

“We can’t step back. Women specially...”: A narrative case study on resilience, independence, and leadership of a Bhutanese refugee woman

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Abstract:

One of the fastest emerging global public health crises is the rapid increase in the population of forcibly displaced people, known as refugees. Refugee women, particularly, are at a greater disadvantage due to their social positioning related to gender norms, language barriers, and lack of resources. They are also more likely to experience structural and situational stressors. Despite myriad negative factors, studies show refugee women employ resilient strategies to overcome their stressors. This study uses a narrative analysis approach to understand how a Bhutanese refugee woman’s experiences throughout her journey of birth, double displacement, and resettlement were expressed through her resiliency and independence and culminated into a community leadership role once she was resettled in the United States. Data were collected using extensive observational field notes and multiple formal and informal interviews. The story was co-constructed with the participant through an iterative process of developing, verifying, and refining to increase accuracy. Implications for social work practice emphasize the need to identify and support women as leaders in the community, to connect refugee communities with organizational resources, and to preserve and promote the voices of women leaders and empower their position in their communities.

Keywords: independence | leadership | micro | narrative analysis | practice | refugee women | resilience | social work | social work history

Article:

Bhutanese refugees are ethnic Nepali-speaking people displaced from Bhutan in the early 1990s (Mitschke, Aguirre, & Sharma, 2013). Over 1,600 of the 84,000 Bhutanese refugees resettled in the United States (United Nations High Commissioner for Refugees [UNHCR], 2016) are living in North Carolina’s Piedmont Triad (Center for Disease Control [CDC], 2014). The majority of them spent a significant amount of time in refugee camps in Nepal before arriving to the United States. This double displacement increased experiences of stressors due to cultural and environmental change among the population. Although limited documented information on their displacement experiences exists, studies (Mitschke et al., 2013) have identified factors such as social isolation, limited access to resources, and increased risk of mental health–related trauma as having a major impact on their health post-resettlement. These studies highlight the need for

culturally relevant resources to support displacement-related health issues among this population. Gender norms within the culture differentially affect the health experiences for Bhutanese women (Mitschke et al., 2013), and little is known about the experiences of older Bhutanese refugee women in particular. Therefore, culturally relevant support needs to be tailored by both gender and age.

Social work practice, a vital aspect of promoting individual and community wellness among vulnerable populations such as refugees (Nkomo, 2019), is at the forefront of this work. Social workers are likely to be exposed to the serious traumatic histories of their clients (Wirth, Mette, Pril, Harth, & Nienhaus, 2019) and need to adopt culturally relevant strategies to work with resettled refugee populations. For our study, we adapted Parra-Cardona and colleagues' (2016) definition of culturally relevant resources as tools aimed for specific community groups that are perceived as most relevant by the recipients of the resources. To engage in this work and provide refugees access to such resources, we need a better understanding of the group's lived experience. Thus, our study sought to examine factors that collectively affect the experiences of a twice-displaced ethnic Nepali-speaking Bhutanese refugee woman post-resettlement.

Literature Review

By 2015, the global population of forcibly displaced people had increased 70% over the previous two decades (UNHCR, 2016). Refugees are forcibly displaced by war, genocide, or ethnic cleansing (Reebs, Yuval, & Bernstein, 2017). They experience an ongoing accumulation of stressors and pressure from adjustment during exile (Martin, 1994) as a result of their pre- and post-displacement traumatic experiences (Schmidt, Kravic, & Ehlert, 2008). The collective suffering of refugees is one of the fastest emerging global public health crises (Reebs et al., 2017). Although women make up half the global refugee population (UN, 2013), they remain underrepresented (Shishehgar, Gholizadeh, DiGiacomo, Green, & Davidson, 2017) and often neglected in research. According to Falb, McCormick, Hemenway, Anfinson, and Silverman (2013), refugee women, in particular, may experience multiple forms of victimization due to their marginalized social positioning (Goodkind & Deacon, 2004). They are more likely to face structural and situational stressors (Goodman, Vesely, Letiecq, & Cleaveland, 2017) such as cultural displacement, language barriers, lack of education, and difficulty securing resources (Goodkind & Deacon, 2004). As such, women bear an extra burden during the process of resettlement (Shishehgar et al., 2017).

Additionally, women's gender is a major factor in global human rights violations in places where cisgendered women have very limited bodily autonomy (Earth & Sthapit, 2002). In countries such as Nepal, cisgendered women routinely face issues such as sex trafficking, forced marriage, rape, sex slavery, violence, lack of contraception, and lack of access to care during pregnancy and childbirth (Russo & Smith, 2006). Furthermore, Nepal's patriarchal societal structure severely limits cisgendered women's access to educational, economic, and political resources (Rolls & Chamberlain, 2004). Like Nepal, rural Bhutanese culture is a male-centered society that places less value on women's autonomy relative to men's. Gender bias inhibits women from successfully flourishing in society and bars them from taking leadership positions outside the household. Thus, refugee women from these countries experience additional stressors that are gendered as well as marginalized.

Some studies show violent displacement experiences among refugee women may indirectly empower some women to break free from patriarchal control (Chingono, 2015). Men's loss of patriarchal power as head of household during displacement and resettlement may allow space for women to explore roles and identities outside traditional norms. Thus, refugee women's roles in the household and the community post-resettlement may change. Examining the context in which this change occurs can aid in understanding complexities of women's positions post-resettlement. Recent studies (Shishehgar et al., 2017) suggest refugee women often employ resilient strategies to cope with their post-displacement life, but little is known about the ways refugee women become resilient or use resilience to overcome stressors. Exploring the enactment of resilience around refugee women's displacement experiences can assist in developing and implementing culturally appropriate support strategies for refugee women. Thus, our study examined factors that collectively affect experiences of a twice-displaced ethnic Nepali-speaking Bhutanese refugee cisgendered woman post-resettlement.

Resilience

Rutter (2000) defines resilience as relative resistance to psychological risk experiences. It refers to an individual's ability to overcome, learn from, and adapt positively to adverse events (Riley & Masten, 2005). Essentially, to study resilience is to identify ways in which individuals and communities withstand adversity through individual and collective strengths, resources, and capabilities (Panter-Brick, Hadfield, Dajani, Ager, Eggerman, et al., 2018). Previous studies on resilience mostly focused on the psychosocial traits of individuals (Brodsky et al., 2011). However, varying determinants of resiliency exist across individuals, cultures, and social environments (Ungar, 2008). Traditional psychological research on resilience does not sufficiently investigate the role of sociopolitical contexts, history, and culture in its analyses (Eggerman & Panter-Brick, 2010), which is crucial in the case of refugee women. We explore multilevel determinants of resilience in our study to account for refugee women's experiences of cultural, political, and environmental stressors such as preexisting traditional gender bias, limited/lack of education, and lack of autonomy (Watkins, Razee, & Richters, 2012).

Resilience has historically been viewed as a collective cluster of protective factors that arise from an individual's genetic makeup (Henderson, 1998). Research evolved our understanding of the phenomenon, and it is now recognized that some protective factors can be learned by individuals in the face of adversity (Edward & Warelow, 2005). Resilience may manifest through various protective factors that are both inherent and learned. Socioecological processes of resilience acknowledge the interaction of an individual's ability with the social, physical, and political environments that can promote or hinder the use of those abilities (Ungar, 2012). The converging interaction of individuals with their social and physical ecologies can shape an individual's resilience in the face of extreme stressors (Harvey et al., 2003).

Studies with refugee women have generally considered resilience a protective factor that maintains health status, with little research focused on understanding how resilience mitigates their adverse resettlement experiences (Shishehgar et al., 2017). Moreover, refugee women have a complex set of experiences, which gives meaning to the process rather than the traits of resilience (Lenette, Brough, & Cox, 2013). This is why we need to avoid associating resilience

as a present or absent dichotomy (Ungar, 2008) when studying refugee women. Instead, studies should explore the process of resilience as it unfolds within women's resettlement experiences and consider the heterogeneous process of resilience (Ungar, 2012), including interactions between the individual and the environment. Refugee women experience more ecological change than nonrefugee women as a result of forced displacement and the resettlement journey. Thus, it is critical to understand how they display and utilize resilience across different social and physical ecologies.

Theoretical Framework

Critical feminist perspective (CFP) and a resilience lens were used to frame our study. Together, they help explain intersections between migration, gender, and displacement stressors experienced by a Bhutanese refugee woman. CFP centralizes women's lives and experiences as normal and valuable (Connolly, 2006). Critical feminist research was developed out of an underlying assumption that gender oppression is endemic, creating the need to support women's "unique voices" in understanding gender inequality (Crary, 2001). In addition to gender inequality, CFP also acknowledges that intersections of race, ethnicity, class, gender, and power have a profound influence on the construction of self (Qin, 2004) and on experiences of oppression (Bowleg, 2012). Thus, CFP was an essential perspective to apply in understanding a Bhutanese refugee woman's experiences that were not only gendered, but also marginalized throughout displacement, and coupled with severe health issues incurred throughout her resettlement journey.

Women in patriarchal societies such as Nepal and Bhutan are socially disempowered. Their disempowerment increases their vulnerability to social and environmental risk factors such as violence and abuse and limits their access to resources such as education (Dale et al., 2014). Although women worldwide are subjugated to patriarchal oppression, Asian cultures specifically are known to reflect patriarchal values and attitudes that often hinder women's leadership roles in the community (Im et al., 2018). When these socially disempowered women become refugees, issues related to identity and migration in addition to gender bias further diminish their "value." Consequently, refugee women have lower rates of educational and employment opportunities than native-born women in the Global North (Capps et al., 2015). While most resilience studies consider gender roles as a critical aspect of building resilience (Ravera, Iniesta-Arandia, Martín-López, Pascual, & Bose, 2016), we felt there was a need to explore other intersectional factors beyond gender that contribute to the process of resilience for refugee women. Understanding how refugee women cope with multiple stressors and adapt to ever-changing cultural and economic environments is essential when providing value to their experiences.

The literature points to refugee women's use of resilient strategies to cope with their post-displacement life (Shishehgar et al., 2017), and feminist research often employs a resilience approach to help women identify their strengths (Kulkarni, Kennedy, & Lewis, 2010). However, it is important to keep in mind that resilience as a coping strategy isn't universal to all refugee women and that some refugee women may not adopt resiliency regardless of the severity of their experiences. Applying a resiliency lens focused our attention on a unique "voice" that allowed us to examine a refugee woman's resettlement experiences through a strengths-based process. In our study, we use the lens of resilience through a CFP in order to expand our understanding on

the intersectional impact of gender, migration, and health on a refugee woman's displacement experiences. Utilizing this lens, the purpose of our study was to understand the role of resilience in a refugee women's life that led her to hold leadership positions post-resettlement.

Method

Study Design

This study used an intrinsic narrative case study design, which emerged from a larger ethnographic study that employed community-based participatory research (CBPR) methodology. The ethnographic study was conducted in collaboration with a woman's organization of ethnic Nepali-speaking Bhutanese refugees in Greensboro, NC. As a part of the ethnographic research, the primary author (a native Nepali speaker) kept detailed accounts of the women's stories that were shared during group meetings, events, and informal conversations. Intrinsic case studies can emerge from ethnographic research (Crowe et al., 2011) as unique and exemplar stories are revealed. K's story emerged in this fashion. The study received Institutional Review Board approval through the authors' university.

Narrative, as a method of inquiry, is a way to understand lived experiences. It is conducted through relationship, over time, and across contexts (Clandinnin & Caine, 2013). Narrative is viewed synonymous with stories in qualitative research (Emden, 1998) because stories reveal complex truths about the human experience (Riessman, 2008), something that has been underexplored among refugee populations. Narrative inquiry is often used when researchers are interested in advocating for equity and social justice because it provides the opportunity to share personal and collective stories (Chase, 2013). CFP embraces narrative as a crucial step toward social change because it allows individual women to share their stories and raise consciousness by illuminating a broader picture of societal treatment of women (Pitre, Kushner, Raine, & Hegadoren, 2013). We utilized this approach by examining a unique story in order to better understand the context of a refugee woman's lifelong stressors and resilience. Additionally, since narratives emphasize promotion of social justice through individual's personal accounts, especially among marginalized people (De Haene, Grietens, & Verschueren, 2010), it further assured our choice of methodology for this particular study.

Working in relationship with participants to co-construct and negotiate stories and their meanings requires a relational ethic of care (Clandinnin & Caine, 2013). Relational ethics in narrative inquiry includes a commitment to reciprocity, respect, collaboration, equity, and social justice (Clandinnin & Caine, 2013). These same ethical qualities and concerns are found in CBPR methodology, making them a natural fit for the current study. Relational ethics were enacted by keeping the reciprocal and respectful relationship between the primary author and K at the forefront of all interactions.

Intrinsic narrative case studies focus on the singular, in this instance, an individual woman who was an Elder in her community, rather than explore a general issue or problem (Riessman, 2008). Choosing the case is done to highlight its unique qualities (Compton-Lilly, 2013). During weekly meetings, the women shared various stories of their childhood and migration but mostly allowed K to share her stories as a collective representation of their displacement experiences. Many

refugee communities come from cultures where collective and personal narratives are intertwined (Witteborn, 2008). Elder leaders within these communities are expected to voice the collective story for the community, which may be infused with their personal narrative. Due to issues of collective trauma and marginalization, community members may express an urge to speak their story and a desire for their story to be heard by those outside of their community. In this study, the exploration centered on K's "small stories" (Chase, 2013) across time and locations throughout her migration experience. However, the impetus for choosing K's stories as the narrative focus of the study was compounded by her belief that they represent a collective journey that, if told, could change perceptions of Bhutanese women both within and outside of the community. This choice represents one way the relational ethics of care was employed.

Data Collection

While interviews have been the predominant method used in narrative inquiry, researchers have endorsed the inclusion of observations, informal conversations, and artifacts as central to the methodology (Chase, 2013). These methods are similar to those used in ethnography, where the focus is on understanding cultural stories as they are enacted in a naturalistic setting (Greenhalgh, Russell, & Swinglehurst, 2005). Much of the data collected for this study came from observational field notes and informal conversations during the women's group meetings, community events, as well as from driving K to and from her hospital appointments and attending her family events. A single case can yield robust data by spending considerable time with the participant and collecting observational data at each interaction (Greenhalgh et al., 2005). Brief notes taken during all observations were fleshed out into full field notes within 24 hr. Data used for this study included observation notes from weekly meetings and other activities that occurred over a 9-month period (Fall 2017 to Spring 2018). The primary author also conducted three unstructured formal interviews with K to gain a deeper understanding of her story. Interviews, on average, lasted 40 min. They were conducted in Nepali, audiotaped, transcribed, and translated.

Analysis

Narrative analyses center on holistic accounts of individual experiences (Riessman, 2008). In daily life, stories are rarely, if ever, told sequentially. This was evident in our data as K's testimonies were parts of various conversations around topics, such as maternal health, covered in the larger study as well as informal stories shared during social occasions, and responses to questions in the formal interviews. Narratives are also utilized to bring order to experiences and organize the information in a way that brings meaning to the stories (Bruner, 1990). Consequently, we started off by constructing a complete chronological "story" of K's experiences using the detailed field notes from meetings and informal conversations. We then completed a "restorying" (Ollerenshaw & Creswell, 2002) by identifying examples of independence, resilience, and leadership across different time periods and settings in order to understand the contexts in which the themes occurred. These three themes emerged as salient to K's experiences through the specific actions she described as well as from her own claims of the meanings behind her actions.

The storying and restorying of the data were co-constructed between the authors and K. The primary author met with K on multiple occasions to discuss interpretations of her story and gather answers to missing information. K approved the identified themes, and excerpts from her story were read to her to assure the themes aligned with her accounts. This was an iterative process of refining and expanding the story and then bringing it back to K for verification and elaboration. As a result of the iterative process, a thick, rich description of K's life experiences was developed. The questions that guided the co-construction of the story were How was K's resilience/independence/leadership expressed through her telling of the incident? What were the cultural, sociopolitical, and historical contexts in which these events took place? Below we provide a concise overview of K's chronological story and then detail the events, interpretation, and context identified within each theme.

Findings

K's Story: An Overview

K is a 46-year-old ethnic Nepali-speaking Bhutanese refugee. She was born in a village in Bhutan, a landlocked state in South Asia situated between India and China. Because she was born at home to uneducated parents in a village that did not document birth dates, she does not know the exact date of her birth. The agency that helped her migrate to the United States gave her a random birth date of January 1, 1972. K grew up in a village where her closest neighbors lived at least a mile away. All of her family's food was either grown on their land or traded between neighbors. There were no vehicles for transportation, and most health-care needs were remedied with either herbal plants, warm blankets, or "sleeping the illness off." At age 17, she contracted malaria. This was the first time she was introduced to medical care. Her first marriage also occurred when she was 17. Following the tradition of arranged marriages in Nepal, she married a 25-year-old man who she met for the first time on the day of her wedding. After a year together, he decided to bring another wife into their house. She left him and moved back with her parents. Not long after, her parents fled to Nepal. She was 18 years old. She moved into her uncle's house and lived there for the next 4 years. She fled to Nepal with a group of friends/family at 22 years old and reunited with her parents at the refugee camps in Nepal in 1994. When she was 36, she met her current husband who had four kids from his previous marriage. K is infertile and does not have any biological kids of her own. In 2015, K resettled to the United States in Greensboro, NC, with her current husband and stepchildren at a housing complex named GH that predominantly houses refugee communities. She lived there until December 2017. Currently K's family lives right outside the complex in a three-bedroom house bought by her stepson.

Thematic Analysis

Independence

...my eldest sister...she doesn't talk too much, not even my other sister. It's just me. I've always been like this. I have quite a smart mouth. I don't talk bad about anyone, but if they talk bad about me then I deal with them right then and there....

In the above quote, K describes how she has always spoken out and defended herself when necessary. She describes this characteristic, having a “smart mouth,” as innate and different from other women. K’s outspokenness and independence were displayed through the stories she shared with us in terms of striving for education and marital choices as well as in the ways she disrupted gender norms, advocated for women’s rights, and practiced self-efficacy. Below are brief examples of the stories that demonstrated K’s drive for independence.

K chose to pursue formal education because she recognized its power as an escape from gendered restrictions. She is the only adult Bhutanese refugee woman in her community with an eighth grade education. She also took any informal opportunity to learn and advance her own knowledge. Throughout both of her resettlement experiences, K attended educational sessions and workshops offered by nonprofit organizations. These included trainings in reproductive health, which she later shared during the women’s group sessions.

She perceived education as the gateway for escaping all the hardship and stressors she was experiencing. It was the only time her willingness to be open and learn about the unknown didn’t negatively affect her social positioning. In fact, it was empowering for her to attain formal and informal education and to share equal space in the classroom with men as she described in the excerpt below:

There seems to be a huge difference between putting ink on your thumb and stamping it vs. signing your own name...being able to sign my own name makes me proud....it is...empowering....

Prior to resettlement in the United States, K was among the very few Bhutanese refugee women to travel outside of the camp to seek employment. Employment in the camps was mostly for men or well-educated women, but even then, the pay was very low for all refugees.

K’s decision to leave her first husband because he married another wife provides another example of K’s independent thought and willingness to disrupt traditional norms. It also established a strong foundation for K to fight for basic rights for women. In sharing her experience about leaving her husband and staying with her parents, K asserted the need for other women to realize that it is not okay to submit themselves to unfair treatment. The excerpt below describes K’s opinions around marital relationships:

I am not the type of woman who is going to fight for a man who does not want to stay. There are women who are okay being the second wife but I am not one of them. For me, I only want one husband and to be the only wife. Does not matter if he is crippled or blind or old. I will take care of him but I will not share him....

When she decided to remarry, K again asserted her independence and uprooted gender norms by standing up to her father-in-law and asserting her rights. She sought official help from the UN resident coordinator’s office (RCO) to appeal her case as described in the excerpt below:

...they (her in-laws) had charged me a penalty of 35,000 rupees. Wedding expenses. They said. I said,...“Ok....give me all the paperwork. I am not going to settle it here....I

will go directly to the RCO. How long has it been since we have lived apart?”...he has his own family and kids. “17 years...you are telling me that I can’t have my own family?”...All their people got scared. So they gave me the paperwork....I only paid 3,000 rupees....

Although happily married to her current husband, K still prioritized her independence. These experiences have led her to believe in a woman’s ability to live independently and to perceive partnerships in marital relationships as a choice and not as a need.

If I want to leave this state or country, I will. I am not tied to anybody. People’s lives go on....I know I have a husband here but....it is his life, his decisions...just like my life, my decisions.

She described opportunities for women in the United States as an avenue for refugee women to make independent choices for themselves and not be bound to cultural restrictions. She asserted that younger Bhutanese women receiving formal education from U.S. institutions have a greater advantage for success since gender is a far less of a hindrance. The excerpt below elaborates her opinions around independence and education.

It [Independence] is important...more so because we are uneducated...[Bhutanese] women fear talking back...we shouldn’t...if we are spoken badly of...then we have to respond the same way....The women these days...A lot of things have changed for them once they came to the US. So they need to embrace that freedom. In Nepal/Bhutan, it is so easy for women to be mistreated and abused...but here...it is not that easy. These women need to know that.

In addition to women’s rights, K’s independence can be seen in how she responded to other vulnerable situations. Due to her innumerable clinic/hospital appointments and her inability to drive in the United States, she quickly realized the need to navigate public transportation on her own. K reported pride in taking the local bus even though, due to the area’s limited transportation system, it takes twice as much time as a car ride. She enjoyed the independence in navigating the transportation system on her own despite the language barrier; it gave her a sense of self-efficacy, which is described in the excerpt below. She encouraged members of her group to experience the bus system as well.

I take the bus to the hospital. I wait at the stop. Sometimes bus comes right away, sometimes I wait for 30 min,...but it comes. So I go early and wait....My son and daughter-in-law work a lot of hours. I am home mostly,...so the least I can do is take myself to my appointments. If I could, I would walk...but I don’t want to be lost.
(giggles)

K’s independent nature can also be viewed in how she constructed her story. Equally important to the elements of the story that she chose to share are the elements of the story she did not include. Although K comes from a collective-based culture, she is the key protagonist in her story. Her story does not contain attributions or acknowledgment of parental influences or the influences of other elders. While significant relationships are mentioned, they do not play a

significant role in her struggles to overcome adversity. Instead, she describes her actions as occurring independently. This is especially noteworthy as it goes against gendered norms within her culture.

Resilience

Resilience is reflected throughout K's story and can be seen in her responses to traumatic experiences she faced around issues of gender, culture, displacement, and resettlement. K's independence led her to seek educational opportunities. Due to cultural, physical, and economic constraints, she needed to be highly resilient to overcome those barriers. K was born in a culture where education wasn't a priority for girls and she did not receive much parental support to pursue formal education. Although the commute to her school included 3 hr of walking, two river crossings, and risks of high river tides, she never felt discouraged. Below she describes how she traded labor work for used schoolbooks to support her education.

When I studied...as a kid...I could retain all the information. I worked all day right..., but still managed to go to school. I did all kinds of labor work, saved money. for the classes, we had to buy books. Nepalese history books...cost 500-600 rupees....I made it till 8th grade...that schooling back then has helped me a lot, still helps.

Even after having to flee from Bhutan to Nepal, and despite getting turned down by educational institutions in Nepal (due to her refugee status and the lag in continued school years in Bhutan), she continued to search for alternative methods of learning. K religiously attended after-school sessions offered by nonprofit organizations and also volunteered, attending training workshops on reproductive health and health care at Nepal's refugee camp clinics. After coming to the United States, K continued learning through English as second language (ESL) and citizenship classes offered at the apartment complex's community center. This later allowed her to practice leadership in the community. She believes in pursuing continual growth through learning, taking advantage of all the available resources, and not giving up regardless of the many hurdles a woman faces throughout her life.

We get a little bit of education (in the United States)...even adults are able to go to school here...it (education) is free. I really like learning. We may not learn about most of the important things...but we are able to understand certain American things.

K's resilience is also demonstrated in her response to her health challenges. Ever since her first encounter with medicine at the age of 17 when she had malaria, K has been a firm believer in the effectiveness of medicine.

Doctor's work is to find out the problem. Then we have to trust them,...We have to do good too. I...I believe in medicines. I have been taking medicines for a long time now. Without medicines, I would have been dead in Nepal.

K's health concerns included diagnosed arthritis, hypertension, diabetes, and depression along with orthopedic and neural issues that had not yet been correctly diagnosed. The U.S. health-care system brought both financial and cultural challenges, yet K's resilience allowed her to strive for

better health undaunted. She was diligent in following prescriptions and attending all doctor appointments. She shared her health stories with community members and learned to navigate the health-care center and systems on her own as shown in the excerpt here.

K has always walked from her home to the center to attend the women's group meeting despite having to rest at least 4 times during her walk. *On a good day*, it took her 15-20 minutes, but it could take up to an hour on the days when her physical pain was elevated. However, she remained persistent in walking since she believed that it would improve her physical health. Regardless of the intensity of her pain, she rarely missed a session unless she had a family commitment. She always had a bright smile on her face and greeted all of us with a loud Namaste every time she entered the room.

Leadership

K's independence and resiliency led her to attain a leadership position in the community and helped her become a judicious leader. The independence she showed in disrupting gender norms and her resiliency in overcoming gendered barriers were constantly reflected in both formal and informal situations. For example, K was acting as an informal community leader when she advocated for equality for stepchildren in a family within the community.

this guy right...he married a second wife...they were serving dinner....I heard a child crying saying "give me some meat on my plate too..."The second wife was giving big chunks of meat to her own kid, but very little meat to her step-kids....I told the woman, "Put equal servings of meat for all the kids. Why are you discriminating? Remember, we all have to die one day. You have a daughter too and she's going to have kids too. What if her kids are discriminated like this?"

K also held a formal leadership position in a local women's group. She started off as a volunteer of the GH women's group and became the treasurer when the group was able to secure a local community grant. The grant provided a sense of agency to the women's group, as they were able to implement several community-engaging activities with the help of the grant. While serving as treasurer, she always volunteered to take the lead in strategizing event ideas and recruiting community members for participation. Due to her active participation in leading group activities, she became the group's president. As president, she worked to maintain community integrity at GH by advocating for her community's health, safety, and utilizing the effective influence of U.S. stakeholders with refugee communities. For example, when she found out about a family abuse situation in her community, she initially shared it with her fellow group members, strategized ways to address the abuser, and then requested that a community research fellow help her intervene in the situation. The person being abused, a 60-year-old disabled woman, was connected to a local social worker who helped her formally separate from her abuser and secure the appropriate resources she needed. K's proactive efforts, despite her lack of formal credentials, resulted in a successful health intervention.

I realize the chances of them (family members involved in abuse) not taking the issue seriously, which is why we need to sit down with them and have AY start the

conversation because he is the “American sir” “American teacher,” we can then add our opinions. KM [the woman being abused] needs help and we can help her.

In terms of community safety, she isn’t afraid of challenging the traditionally accepted patriarchal behavior of misconduct in her community.

...The last time I witnessed him (a newly resettled Bhutanese refugee youth) disrespect a community member, I warned the guy. “I will either call 911 or I will kick you out of the community if I ever see you going into people’s houses, taking their things, or day drinking and rioting here....”

K also used her leadership position as a tool to transcend traditional gender norms and create opportunities for women to prosper in the *land of opportunities*—the United States. She firmly believes that every woman in the United States has a voice and that women’s voices are not suppressed by gender biases like they are in Nepal and Bhutan. She emphasized the importance of women practicing leadership roles so that the new generation of Bhutanese women can “move forward” and build a better future for themselves as well as their community.

...there are a lot of women here. But they don’t like to come out and speak up. I exercise my leadership because I want them to see me. Someone who is uneducated...can’t even speak English...but I am not shy. I don’t hold myself back because of that. These women have to see that...and know that they can do better...better than me....Unlike us, they don’t need interpreters...they can speak directly to them. [native English speakers]

In addition to her efforts to uplift fellow Bhutanese refugee women, she also utilizes her active engagement in the community to help overcome her depression. This shows that her role as a leader is also a form of resiliency. K believes that mental health issues exist but due to the stigma associated with mental health in her community, she initially tried to explore “organic” methods of overcoming her depression. However, she soon realized the severity of her depression and not only sought help for herself but also has helped several others in her community experiencing depressive symptoms.

This depression is a ridiculous thing. We have to be positive and think positive...When I used to live at GH (apartments), I came here (to the meetings), talked for a bit and felt good, but the moment I left, I was back to feeling depressed. Now I know, we have to treat people. One of my neighbors had what I now know, depression. I took her to the hospital and I told them “Please check her well.”

K does not hesitate in holding members of the group accountable. There were instances when other members failed to show up to some sessions. K made sure to call them via cell phone or knocked on their doors to check if they are okay. She made sure they attended the sessions if they were at home. In doing so, she was able to ensure consistent participation in the group. This allowed her to maintain a trusting relationship with the U.S. stakeholders. She realized the need for the group’s active participation in order to secure monetary and personnel resources from U.S. stakeholders to be able to implement community-enhancing activities.

...with this grant money...is a big responsibility.it is a matter of trust...we have to make good use of the money and help the community, contribute to the community...and show them (United States officials) that we are good people and we want to help...help each other...help others....

Discussion

This study sought to examine the lived experience of a twice-displaced refugee woman in order to better understand the role of resilience in resettlement experiences through a critical feminist framework. K's story provides a rich example of the multiple and intersecting stressors, caused by collective barriers of gender, migration, and health, which are often experienced by refugee women. K's story allows us a glimpse of how adversity can become a way of life for refugee women. Stressors in K's life covered multiple areas and varied in size and duration. Health concerns both served as stressors and were exacerbated by stress. However, K's story demonstrates the mitigating effects of resilience. K's ability to cope with multiple stressors, her efforts to turn her experiences into lessons and opportunities for others in her community, and her ability to achieve a degree of normalcy in her life (through educational and employment pursuits) regardless of the situation in which her resettlement journey placed her serve as an example of the role resilience can play in refugee women's lives.

Gender and Migration

Mechanisms of support and opportunities for growth are extremely limited in the Global South (Sherwood & Liebling-Kalifani, 2012) where women are further disadvantaged due to gender bias. Gender roles continually divert the trajectory of women's ability to succeed or even practice basic human rights, which is why CFP prioritizes gendered issues. Feminist research shows limited opportunities due to gender bias are specifically embedded in education systems (Blackmore, 2013). In our study, K's struggles and challenges in pursuing education represent this disparity in women's access to education across the globe. However, in K's case, access became more difficult post-displacement. Her "refugee" status in Nepal prohibited her from attending traditional schools. In this way, migration factors in addition to gender bias collectively hindered her from attaining higher education. It is essential to recognize how social identities such as culture, citizenship status, age, and economic status determine women's access to resources, and women are often disabled when those identities are adversely affected by systemic factors such as migration (Baranik, Hurst, & Eby, 2018).

K's resilience for overcoming stressors she faced throughout her journey demonstrates how she mitigated those negative experiences into a leadership role in her community and was able to help other Bhutanese women undergoing similar experiences. Although she only obtained an eighth grade education, her leadership positions (formal and informal) illustrate the need for what CFP terms representational justice—addressing the lack of women in leadership, which indicates gendered and educational inequality (Fraser, 1997). K valued her leadership position as a way to help younger Bhutanese women pursue traditional education post-resettlement. Through her position, she encouraged them to overcome barriers of social identity by stepping out and holding leadership positions in the community. Resilience in K's case is displayed across cultural and sociopolitical contexts of gender bias and migration barriers.

Gender, Health, and Migration

Refugees have high physical health needs (Lawrence & Kearns, 2005) due to limited or lack of proper health-care pre-resettlement, face complex resettlement challenges that in turn affect their health (Olliff, 2008), and are more likely to experience psychological distress than nonrefugee populations (Baranik et al., 2018). For Bhutanese refugees, a primary reason for migration is the high incidence of torture (Rizal, 2004), which has resulted in an increased susceptibility to mental health problems (Shrestha et al., 1998). When health issues and health-care barriers are introduced into gender and migration issues, refugee women become the most vulnerable and severely disadvantaged within the social context. In our study, K's story provides us with an example of the multiple and overlapping health issues refugee women can face. K's health issues are an accumulation of the physical and psychological circumstances experienced since childhood, and they were exacerbated by her migration. K's resiliency and independence allowed her to work and sacrifice for the chance of an education but also contributed to her current health problems. It is important to acknowledge this intersectional effect of gender, migration, and health that has shaped K's identity post-resettlement. K pursues resilience even through her deteriorating health and is consistently finding ways to seek self-efficacy by navigating the bus system or walking to her meetings despite the severe physical pain. However, this form of resiliency could negatively affect a refugee woman with a similar health situation as K since her stressors become "invisible" to the public. Instances such as this underscore the importance of using a CFP to centralize women's lives and acknowledge vulnerability in women's experiences (Ravera et al., 2016). In spite of research demonstrating refugee women's resilience to negative migration experiences, it is critical to acknowledge the ways in which their resilience can eclipse their vulnerability and decrease their opportunities for receiving support. Thus, similar to K, Bhutanese refugee women's complex medical histories and struggles with myriad chronic conditions may not always be evident. Indeed, K's resilience in the face of chronic pain was only apparent after you got to know her.

Study Implications

Older Bhutanese women may experience chronic health issues that are not immediately apparent. They often have a complex history of physical and psychological health issues, are disadvantaged due to language and cultural barriers, and may experience social isolation, which may result in poorer mental health (Olliff, 2008). Considering that not all resiliencies are inherent and some protective factors can be learned, supporting such vulnerable groups can constructively affect their mental health. Support can take a number of forms. While providing mental health support services to cope with pre- and post-resettlement stressors and trauma is of paramount importance, another application to social work practice can be creating opportunities for refugee women to become more socially engaged. This may help reduce the incidence of social isolation related to mental health issues. For K, her involvement in the women's group was a significant mood enhancer while she was seeking medical help for her depression.

This study's focus on a single narrative helps illustrate connections between stressors and health within the population. Likewise, the act of engaging in a narrative practice can have positive mental health effects (Slade, 2010). Social work practices, such as narrative therapy, can help

women reconstruct their resettlement stories and identify areas where they have practiced and/or learned resiliency. Findings from this study also highlight the importance of understanding the role of collective storytelling through individual narratives. Working with community leaders like K to achieve these aims within a community could be a viable application to social work practice with similar populations.

The GH community center offers a variety of programs for refugees. However, the women's group was the first opportunity the women in this community had to share their stories without fear of judgment or repercussions. Thus, it was their only *safe space* to share and discuss their stories and perceptions of their displacement and resettlement among each other. In doing so, they were not only able to help each other but are also identified the needs of others in the community. The existence of this group allowed leaders like K to emerge. Perhaps more importantly, it helped her formalize her identity as a leader in the community. Even the men in the community respect and appreciate K's position as a community leader.

Identifying leaders like K is especially important when working with Bhutanese women as they can help bridge services for their community and transcend gender norms/traditions that may serve as barriers to obtaining care and resources. Likewise, providing support for leaders from U.S. organizations and stakeholders can legitimize their work in the community while also offering Bhutanese men a way to see them from a different perspective. Organizational support for local community groups (particularly women's groups) in the form of community grants is vital as they help secure resources in refugee communities and empower the women in these communities. This recognition and support will allow for younger generations of Bhutanese women to secure resources and inhabit increasingly visible, public, and powerful positions.

K's story illustrates how resettlement can create opportunities for women to assume leadership roles in their communities (Chingono, 2015) that would not normally be allowed due to cultural norms. However, these opportunities may not be readily available for all women post-resettlement. While we may not be able to parse out innate versus learned examples of resilience in K's story, evidence that she acted and thought independently and was willing to refute gender norms appear early in her story, before her migration journey even began. When researching and working with refugee women, it is important to be aware of potential interactions between innate personality attributes and environmental opportunities (such as cultural shifts in migration) that can contribute to coping mechanisms and leadership roles. By preserving and promoting the voices of women leaders, like K, and by collaborating with her to help her story be told, we can identify and better understand the complexity of issues facing refugee women.

Limitation

Due to the subjective nature of narrative methods, we acknowledge our own potential biases in the construction of K's story. It is also important to note that K's story was constructed retrospectively and represents a combination of how K remembers past events as well as our own interpretations of these events. However, the goal of narrative research is not to control for subjectivity (Greenhalgh et al., 2005) but to appropriately interpret the story, which can be achieved by restorying and co-constructing stories with the participants. Additionally, parameters of this narrative study are constrained since it is a part of the larger ethnographic study.

Conclusion

Our analysis of K's story provides a rich illustration of several challenges faced by a refugee woman throughout her forced displacement and resettlement journey. Findings highlight how refugee women are subjected to varying intersecting and gendered challenges and the need to support them by humanizing their experiences and providing them with culturally relevant resources. The complexities made apparent through K's story can be transferred to enlighten social work practice among refugee communities in providing those culturally relevant resources that are unique and vital to refugee communities. Additionally, utilizing cultural humility as an approach to effectively support these vulnerable and diverse communities is equally essential in understanding the social contexts of their varying needs. K continues to serve the community as the president of women's group and hopes that the younger women in her community will someday join her, take similar leadership positions, and support the larger refugee community.

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